## PART B - FEE(S) TRANSMITTAL Complete and cond this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 JUN 1 5 2018 Alexandria, Virginia 22313-1450 (571)-273-2885 or <u>Fax</u> INSTRUCTIONS his form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate for the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 03/16/2010 40412 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. IBM CORPORATION- AUSTIN (JVL) C/O VAN LEEUWEN & VAN LEEUWEN PO BOX 90609 **AUSTIN, TX 78709-0609** (Depositor's name) (Signature) (Date CONFIRMATION NO. ATTORNEY DOCKET NO. FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 8983 AUS920010871US1 Dwip N. Banerice 12/06/2001 10/006.059 TITLE OF INVENTION: APPARATUS AND METHOD OF USING XML DOCUMENTS TO PERFORM NETWORK PROTOCOL SIMULATION TOTAL FEE(S) DUE DATE DUE **PUBLICATION FEE DUE** PREV. PAID ISSUE FEE ISSUE FEE DUE APPLN. TYPE SMALL ENTITY 06/16/2010 \$1810 \$0 \$1510 \$300 NO nonprovisional 06/16/2010 LNGUYEN2 00000053 090447 CLASS-SUBCLASS 10006059 **EXAMINER** ART UNIT 01 FC:1501 709-230000 1510.00 DA 2451 TRAN, NGHI V 2. For printing on the patent front page, list ज्यप्रकृतिक विभ Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. VanLeeuwen (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Corporation Armonk, NY International Business Machines Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual: 🛍 Corporation or other private group entity 🚨 Government

a. The following fee(s) are submitted:    Solution   Solution   Solution	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number ○9-0447 (enclose an extra copy of this form).
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